DEPARTMENT OF BENEFIT PAYMENTS

March 6, 1974

ALL-COUNTY LETTER NO. 74-41

TO: ALL COUNTY WELFARE DIRECTORS



SUBJECT: STATE SUPPLEMENTAL PROGRAM - SPECIAL CIRCUMSTANCES PAYMENTS

REFERENCE:

This letter is to provide instructions to counties for implementation of the special circumstances provisions under the State Supplemental Program effective January 1, 1974. Emergency regulations have been adopted and sent to your county. Fiscal and claiming procedures will be issued in the near future.

GENERAL PROVISIONS

Special circumstances are defined by AB 134 as those which are not common to all recipients and which arise out of need for certain goods or services, and physical infirmities and other conditions peculiar on a nonrecurring basis to the individual's situation. As specified by law, these special circumstances include:

- Replacement of essential household furniture and equipment when lost, damaged or destroyed by a catastrophe;
- 2. Replacement of clothing when lost, damaged or destroyed by a catastrophe;
- Necessary moving expenses;
- 4. Required housing repairs;
- 5. Unmet shelter needs; and
- 6. Property tax relief.

A person must be either (1) an eligible SSI/SSP recipient, or (2) an SSP ONLY recipient (that is, a person receiving SSP through the county because he owns a home valued in excess of \$25,000), in order to receive a special circumstances payment, as identified in items 1 through 5 above. A property tax relief allowance, item 6, is available to APSB recipients as well as the SSI/SSP or SSP only recipients.

Except for the property tax allowance, the costs of any special circumstances need must be met by first requiring the recipient to utilize his available liquid assets.

PROCEDÜRES

Notification

All recipients of adult aid in December 1973 were notified of the special circumstances provisions by the "Notice of Change in the Delivery of Adult Aid Grant Payment Checks Due to Change in Law," mailed with the January 1, 1974, Medi-Cal I.D. cards (Attachment I). Recipients were directed to inquire at the county welfare department for details.

New SSI/SSP applicants will be informed about special circumstances by the SSA District Office and referred to the county. The county will be responsible, upon inquiry, for explanation of the specific provisions as set forth in the regulations (46-425).

Application and Verification

Recipients shall apply for a special circumstances payment by completing form SSP 4, "Application for Special Circumstances Allowance," (Attachment II). The county shall use form SSP 4A, "Verification of Need for a Special Circumstances Allowance," to verify and compute payments for special circumstances, completing the front side for needs other than property taxes, and the back side for property taxes.

The county will verify SSI/SSP or SSP only eligibility, the special circumstance, liquid assets and the amount of payment. Eligibility for SSI/SSP may be established by using the monthly "Title XVI Eligibility File." If that file is not yet available for the current month or the applicant has been just recently approved, obtain eligibility information from the local SSA District Office or by using an SSA 1610. SSP only recipients may be determined eligible from county records.

Payment

The county will establish a case folder containing a payment record and related documents. Numbering of these case records shall be as follows:

1. For an SSI/SSP recipient, use his new 14-digit Title XVI welfare case number, consisting of a 2-digit county code, 2-digit aid code (10, 20, 60), 1-digit Title XVI program I.D. (9), and the 9-digit Social Security number. For example, a Los Angeles County aged SSI/SSP recipient would be numbered 19-10-9-000 00 0000 (SSAN).

If your county system cannot yet accommodate this 14-digit number, continue to use the Division 23 system until June 30, 1974. After that date, the 14-digit number will be required. New SSI/SSP recipients approved by SSA after January 1 should be issued a Division 23 number until June 30, 1974.

- 2. For an SSP only recipient (\$25,000 home cases), use the Division 23 number with aid category codes 15 (aged), 25 (blind), and 65 (disabled).
- 3. For the APSB recipient continue to use the existing numbering system outlined in Division 23 of the manual.

Payments for special circumstances will be made in arrears except for property tax payments which may be made on a continuing grant basis. For approved special circumstances payments other than property taxes, the county will use form SSP 4B, "Prior Approval Authorization," (Attachment IV) to advise the recipient to proceed with his arrangements to meet his special circumstances situation. The county shall complete the SSP 4B in triplicate, sending the original and one copy to the recipient. The remaining copy shall be filed in the case record.

The recipient must submit the proper invoices, bills, contracts, etc. with a copy of the SSP 4B before the county can complete the payment to the recipient. Counties shall complete the authorization and payment process for all special circumstances by using the existing 278 L-M procedures.

Forms

Forms SSP 4, SSP 4A and SSP 4B are mandatory forms which will be provided you by the state. Your initial supply will be forwarded to you within a few days. This will be followed up with a larger supply within the next two to three weeks. If necessary these forms may be reproduced locally. Any changes or alterations in the format or content of these forms will require approval of the Adult Program Management Branch at (916) 445-0813.

If you have any further questions, please contact the Adult Program Management Branch at (916) 445-0813.

Sincerely.

DENNIS O. FLATT Deputy Director

Welfare Program Operations

Attachments

cc: CWDA

NOTICE OF CHANGE IN THE DELIVERY OF ADULT AID GRANT PAYMENT CHECKS DUE TO CHANGE IN LAW

Effective December 31, 1973, the OAS, AB and ATD public assistance programs will no longer be administered by your county welfare department. On or about January 2, 1974, you will receive a gold-colored check from the Social Security Administration of the United States Department of Health, Education, and Welfare. This is called the Supplemental Security Income/State Supplementary Program (SSI/SSP), established by the federal law known as HR-1 and state law Chapter 1216, Statutes of 1973. If you are now receiving social security, your SSI/SSP check will be in addition to the green-colored check you have been receiving. If you received a December 1973 public assistance grant check, you do not need to apply to get this new check — It will come to you automatically. If, however, you have received a discontinuance notice of action prior to this notice, this notice does not affect you.

In addition to your basic grant check, \$25 (\$50 for a couple) can be allowed OAS or ATD recipients whose living arrangements prevent preparation of meals at home. If your living arrangements meet this situation, communicate this to your county welfare department.

The federal law provides that no recipient who received public assistance in December 1973 is to receive less in January 1974, if his eligibility and need circumstances remain unchanged. Your January check will reflect the larger amount of either (a) your December 1973 grant amount, or (b) amount up to the new grant maximums.

(Continued on back)

NOTICE (Continued)

As long as you maintain eligibility for the new SSI/SSP program, you will have available to you the following services to be delivered through your local county welfare department:

- Social Services and In-Home Supportive Services. If you need help with your health, living arrangements, or have other problems, make your request to the county welfare department.
- Special circumstances or special needs which are "not common," or are of a "nonrecurring type," or
 property tax allowance for aged, blind or disabled recipients who are 62 years of age or older who own or
 are purchasing their own home. If you believe you would be eligible for these special circumstances, make
 your request to the county welfare department.
- Food stamp benefits until or unless notified to the contrary. Effective with the January food stamp issuance, however, food stamp allotments, and some purchase prices, will be adjusted.

Medi-Cal I.D. cards will continue to be issued by the Department of Health.

If you have any questions, contact your local Social Security Administration office.

Department of Social Welfare State of California

APPLICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME				COUNTY USE ONLY
SOCIAL S	ECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS	(NUMBER, STREET, APARTMENT N	I D., CITY, ZIP)		TELEPHONE NUMBER
			tary Program for the Aged, Blind	and Disabled? [] Yes = [] No
	Are you married? Ye		plementary Program?	C. No.
	ou own your home?		prementary riogram: [] res	(NO
		your spouse pay property taxes of	on your home in excess of \$180 a	year? ⊡ Yes ∷ No
NOT	E:			
			NCE – STOP – GO TO LINE 9 AND	
			OPERTY TAX - COMPLETE THE I	
o. List	all liquid assets you or	you and your spouse own, such a	s back accounts, or other cash re	serves:
			earthquake which has damaged you	
	all.			
. If yo	u OWN your home, do you	need housing repairs in order to	make your home safe and healthf	ful? 🛘 Yes 🗘 No
Expl	ain:			

SSP 4 (2/74)

ADDRE SS TELEI	RELATIONSHIP TO APPL	C.) C.)	FRIEND, AUTHORIZED
to each and every person signing this form except as a with	DATE SIGNED	PLACE SIGNED (COUNTY)	
deciare under penalty to perjury that the foregoing stateme	ioo bna euti eta mioi	orrect. (Declaration under pen	alty of perjury applies
Signature of person completing this form on behalf of applic	nave a legal guardian	n, this person must sign).	
		,	
SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)	SIGNATURE OF WITNES	\$6.	***************************************
SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SIG	DATE SIGNED	PLACE SIGNED (COUNTY)	
t deciare under penaity of perjury that the foregoing stateme to each and every person signing this form except as a witn			seily of perjury applies
ol sint no stangante ym lo looig that antenense on this loo and my signature constitutes authorization for	ed, and each state	อธิเวรองกร์ 01 1วอโdus zi เกอพอ	noi and verification
l agree to notify the welfare department at once change of address.	นา รอธินทบุว แนท อม	Jo sjunowo puo səəinos kw	Kup 10 (21982p biupil
a* CEBLIEICVLION			
H \$ stisogeb \tilitU	\$	\$ see3 gninselO	
e. If your new residence is RENTAL PROPERTY	(YNA 국I) eteoo ed	the following:	
Ofher costs (explain) \$			
Down payment \$	\$	Real Estate Fees	\$ \$
d. If your new residence is a HOME WHICH YOU.	1G, indicate the co	iwollot ant to (YNA 71) stsoo	:6u
(S) A rental property	Sartment, etc?	☐ Yes (complete e. below)	oN □
c. Is your new residence: (1) A home which yo	მა □ ႓ez (cowl	oN 🗆 (woled .b elen)	
NEW ADDRESS	YTIO		3TAT2
2			
b. Where are you moving to?			
(1) \square You've been evicted. (2) \square You	ns etasnu ni gnisu	.luldilisədnu bo	
If Yes, indicate the reason you are moving:			
8. a. Are you moving away from your current residen	oN □ sə		

VERIFICATION OF NEED FOR A SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME					
MAINLE				CC	DUNTY USE ONLY
SOCIAL S	ECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE		
ADDRESS	(NUMBER, STREET, APARTME)	NT MA CITY TIP)		TELEPHON	E NUMBER
ADDICESS	INUMBER, DIRECT, ACRICION	(1) NO.1, C.1.1, E.1.7			
CURRE	ENT SSP STATUS:	Eligible this month	∕es □ No		
	CATION OF NEED:		1.3		
1.	Need determined to b	e:			
	<u> </u>				
2.	Supporting documenta	ition :			· · · · · · · · · · · · · · · · · · ·
	, , ,				
3.	Gross amount of need	s ITEM			AMOUNT
					\$
					
			Total gross amount	of needs:	\$
	Less available liquid	assets:			
•	· · · · · · · · · · · · · · · · · · ·				
					• (
•					\$ ()
	Balance of needs		• • • • • • • • • • • • •		. \$
4.	☐ Approved in amount	t of \$ effecti	ve		
,	□ Disapproved. Basi	s:			-
			· · · · · · · · · · · · · · · · · · ·	<u></u>	
DATE	ELIGIB	ILITY WORKER NAME	TELEPHONE		NOTIFIED CLIENT ON
				-	PRIOR AUTHORIZATION FORM TO CLIENT ON
	ELIGIB	ILITY SUPERVISOR	APPROVED		DISAPPROVED
Reviewe	d:				
Date:			j		

COMPUTATION OF SPECIAL CIRCUMSTANCES ALLOWANCE - PROPERTY TAX (EAS 46-425)

,							
6. Semi annual allowance special circumstances property tax		T			**************************************		
5. Adjustments (for prior period allowances)			M-2				
4. Semi-annual needs amount (C3 ÷ 2).		+					
3. Balance — Yearly special circumstances property tax needs.		T		1		\exists	
	081 \$;	00.081 \$	\$	180.00	\$	180.00
1. Amount determined in A2 (total ycarly amount of tax bill attributable to applicant)	\$;	\$	\$		\$	
Computation Special Circumstances Allowance	OMA		TNUOMA		ТИПОМА		TNUOMA
5. Net monthly special circumstances allowance.	\$;	\$	\$		\$	
3. Balance - Monthly special circumstances needs (Not to exceed \$41.67)							
S. Deduct \$15.00 (1/12th of \$180.00),	SL \$;	00.2r \$	\$	15.00	\$	15.00
(Ilid xat to d12t\t) &A ni benimieteb tnuomA .t	\$;	\$	\$		\$	
B. Computation Special Circumstances Allowance Monthly Basis	OMA		TNUOMA		TNIJOMA		TNUOMA
3. 1/12th of tax bill amount attributable to applicant	\$;	\$	\$		\$	
Amount of tax bill attributable to applicant		T	·	+			
(Ilid xat mort ty trom tax bill to Inuount at Jotal	\$		\$	\$		\$	<u>, , , , , , , , , , , , , , , , , , , </u>
A. Determination of Tax Liability	OMA		TNUOMA		TNUOMA		TNUOMA

USE FOR COMPUTATIONS IF NECESSARY:

· · · · · · · · · · · · · · · · · · ·			
:etsC			-
:ремеілеН			
	ELIGIBILITY SUPERVISOR	davosiqqA	O3VORPROVED
3140	ELIGIBILITY WORKER NAME	LELEPHONE	NOTIFIED CLIENTON

PRIOR APPROVAL AUTHORIZATION TO OBTAIN SERVICES UNDER SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

			COUNTY HOS CAN IN
NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	1
	- - -		
ADDRESS (NUMBER, STREET, APARTMENT N	O., CITY, ZIP)		TELEPHONE NUMBER
		When the back and the second of the second o	
You are hereby authorized to our	chase obtain or contract for the	e following special circumstance	allowance items
a.o noroby authorized to put	veraing or contract for the		arromanioù ROMO.
			•
The total array to the			^
ine total cost is estimated to be	3		· · · · · · · · · · · · · · · · · · ·
You will need to use the following	ng resources to partially offset t	hese costs:	
			William Annual Company
	0		
Ralance of costs to be allowed -	s special circumstances		&
Datance of costs to be allowed a	is special Uniumstances,		\$
•			
When you have completed the involces, bills, contracts, etc.	ese needs, IMMEDIATELY br ., to this office, so that payme	ing this authorization form, to ent can be made to you.	gether with all of the Vendor's
ELIGIBILITY WORKER			TELEPHONE
	- 4 HP- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
55P 4B (2/74)			

APPLICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMEN	IT NO., CITY, ZIP)		TELEPHONE NUMBER
wang senser) nemerina	,,		rwmai (1973), 179(YIU LA
1. Are you currently receivin	g benefits from the State Suppleme	ntary Program for the Aged, Blind	and Disabled? ☐ Yes ☐ No
2. a. Are you married? 🗆	Yes 🗆 No		
b. If Yes, is your spouse	also a recipient under the State Su	pplementary Program?	□ No
3. Do you own your home?	□ Yes □ No		
4. Property Taxes: Do you a	and your spouse pay property taxes	on your home in excess of \$180 a	year? ☐ Yes ☐ No
If Yes, indicate the amour	nt of your most current property tax	bill \$	
NOTE:			
A. IF THIS REQUEST IS OF	NLY FOR A <u>PROPERTY TAX ALLOW</u>	<u>ANCE</u> – STOP – GO TO LINE 9 AND	SIGN THIS FORM.
	OR SPECIAL NEEDS OTHER THAN P		
	or you and your spouse own, such		
,a.a. 25555 you	ITEM		AMOUNT
3. Have you experienced a ca	atastrophe such as a fire, flood, or	earthquake which has damaged yo	ur possessions? 🗆 Yes 🔻 🗀 No
Explain:			
W4499	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
7. If you OWN your home, do	you need housing repairs in order	to make your home safe and health	ful? ☐ Yes ☐ No
Explain:			
WWW.destable.com/r			

SSP 4 (2/74)

		та , эмітатиззавава	c.)		
533800	TELEPHONE NUMBER	HA OT TIHENOITALER	רוֹכצאו (רוּפּאר פּחאַשׁםן	AN, SON, WIFE, I	FRIEND, AUTHORIZED
зяитамы		DATE SIGNED	PLACE SIGNED (COUNT	(A)	
declare under penaity of perjury that the toregoing sis a sa gyech and every percept as a this form except as a	iatements on this i a witness.)	rm are true and co	orrect. (Declarati	ou nuqet beusi	ity of perjury applies
ignature of person completing this form on behalf of a	applicant (if you h	sibsang legal s ev	sum nosteg sids ,nis	.(ngis ĵ	
POUSE OR OTHER PARENT (IF LIVING IN THE HOME)		SIGNATURE OF WITNE	853		
IGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUS	ST SIGN BELOW)	DATE SIGNED	PLACE SIGNED (COUNT	(A.	
declare under penalty of perjury that the foregoing sta o each and every person signing this form except as a	atements on this i witness.)	oo bue euri ese un	orrect. (Declaratio	ou nuqer penal	ity of perjury applies
interstand that proof of my statements on thi not my signature constitutes authorization for	is lotm is requir	suc 1°, and each state	เ เวอโqns รเ เนอพอ	เเซริเเรองนา 01	וסט שטק אפטןוכשווסו
l agree to notily the wellare department at c change of address.					
) CEKTIFICATION					
Utility deposits \$	Rental Fees		Clean —	. \$ ≳əə∃ gni	######################################
e. If your new residence is RENTAL PROPEI	RTY, indicate th	YNA 31) stado e	or the following?	:	
Other costs (explain) \$					
Down payment \$	Closing costs		l lseA —	səə∃ əisis∃	\$
q. If your new residence is a HOME WHICH Y	NIYU8 BRA UO	edi eate the c	to (Y NA 31) eteo:	niwollot edt	:b
qorq lafner A (S)	oerty, i.e., an ap	Yota ,tnemtu	□ Yes (complete	e* pelow)	oN □
c. ls your new residence: (1) A home whic	ay yon are buying	uoo) sə, □ ,	(woled •b etelqn	oN 🗆	
NEW ADDRESS		CILA			∃TAT 2
p. Where are you moving to?					
(1) \(\text{You've been evicted.}\)	Your current hou	s e assan ni gnis	.luidilisədan ba		
If Yes, indicate the reason you are moving:	:				
a. Are you moving away from your current resi	idence? □ Ye	oN □ s			

APPLICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
			## ### ### ### ### ### ### ### ### ###
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTM	ENT NO., CITY, ZIP)		TELEPHONE NUMBER
1. Are you currently receiv	ing benefits from the State Suppleme	ntary Program for the Aged, Blim	d and Disabled? 🗆 Yes 🗀 No
2. a. Are you married?	□ Yes □ No		
b. If Yes, is your spous	e also a recipient under the State Su	pplementary Program? 🛭 Yes	□ No
3. Do you own your home?	□ Yes □ No		
4. Property Taxes: Do you	and your spouse pay property taxes	on your home in excess of \$180	a year? 🗆 Yes 🗆 No
If Yes, indicate the amo-	unt of your most current property tax	bill \$	
NOTE:			
A. IF THIS REQUEST IS	ONLY FOR A <u>PROPERTY TAX ALLOW</u>	ANCE - STOP - GO TO LINE 9 AI	ND SIGN THIS FORM.
B. IF THIS REQUEST IS	FOR <u>SPECIAL NEEDS OTHER THAN P</u>	ROPERTY TAX - COMPLETE THE	E ENTIRE FORM.
5. List all liquid assets yo	ou or you and your spouse own, such	as back accounts, or other cash	reserves:
	ITEM		AMOUNT

6. Have you experienced a	catastrophe such as a fire, flood, or	earthquake which has damaged y	your possessions? 🗆 Yes 🔠 No
	do you need housing repairs in order		
Explain:			
			<u> </u>

SSP 4 (2/74)

			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
TELE	REPRESENTATIVE, ET	C')	STRUCK OF CONTROL
1121	34 OT ALHENOITAI34	LICANT (LEGAL GUARDIAN, SON, WIFE, FRIE	FRIEND, AUTHORIZED
. ЭІВИРТИВЕ	anneic 217a	((NOOR) STUDIE COURT	
to each and every person signing this form except as a wit	GENELS STAG	PLACE SIGNED (COUNTY)	
l declare under penalty of perjury that the foregoing statem	orm are true and c	orrect. (Declaration under penalty	ity of perjury applies
Signature of person completing this form on behalf of appli	ave a legal guardis	n, this person must sign).	
SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)	SIGNATURE OF WITNE	ទទ	

SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SI	DATE SIGNED	PLACE SIGNED (COUNTY)	
l declare under penalty of perjury that the foregoing statem to each and every person signing this form except as a wit	om are true and c	orrect. (Declaration under penalty	seildge ynulieg to yfi
and my signature constitutes authorization for suc	•suoj		
of sint no sinemestate ym fo foorg that dialershaul	eq' and each state	noitogitsovni ot tooldus zi tnome	ιοι1ας γεπ∫ίςαιίοι
I agree to notify the welfare department at once change of address.	uį ςəδυυγο λυυ ə.	inpil to sinuoma baa sesruos ym	(uv 10 'siəssv pinb
9. CERTIFICATION			
Utility deposits \$	\$	\$ seeT gninselO	and the state of t
e. If your new residence is RENTAL PROPERTY	YNA 국I) staco en) of the following:	
Other costs (explain) \$			
Down payment \$CIG	\$	Real Estate Fees \$	\$
d. If your new residence is a HOME WHICH YOU	ic, indicate the c	:goriwolfot eth to (YMA 31) eteo	:6:
(S) A rental property	sartment, etc?	□ Yes (complete e. below)	oN □
c. Is your new residence: (1) A home which yo	d; □ Xes (com	oN 🗆 (woled .b etelqr	
NEW ADDRESS	YTIO	'LS	ЭŢАT2
b. Where are you moving to?			
(1) \Box You've been evicted. (2) \Box You	s ətsanu ni gnisu	.lutdihealthful.	
If Yes, indicate the reason you are moving:			
8. a. Are you moving away from your current residen	oN □ se		

8

VERIFICATION OF NEED FOR A SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME				C	OUNTY USE ONLY
SOCIAL S	ECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE		
ADDRESS	(NUMBER, STREET, AF	PARTMENT NO., CITY, ZIP)		TELEPHON	IE NUMBER
CURRE	ENT SSP STATU	S: Eligible this month	Yes □ No		
VERIF	ICATION OF NE	ED:			
1.	Need determine	d to be:			
				·	
2.	Supporting docu	mentation:			danifelasan menti dalih 140,2004, Aprilyiy paksani dali da mandara samunin da kara Janashiya Abadhiya Qulumbad
		4.4			Application and the same particular description of the same state
3.	Gross amount o	f needs ITEM			AMOUNT
				······································	\$
					A supplied that the state of th
					AND STATE OF THE PARTY OF THE P
			······································		Contraction of the second second
		•	Total gro	oss amount of needs:	\$
	Less available	liquid assets:			
	· · · · · · · · · · · · · · · · · · ·		**************************************		
				L.L.V.ANONIANONIANONIANONIANONIANONIANONIANON	
					\$ (
			***************************************	AND	
	Balance of need	ds	* * * * * * * * * * * * * * * * * * * *		49
4.		amount of \$ effe			Same and the same
		Basis:			
			A CONTRACTOR OF THE CONTRACTOR		
DATE		ELIGIBILITY WORKER NAME	ITF	EPHONE	NOTIFIED CLIENT ON
PAIL		ELIGIDIETT WORKEN HAME	· ···		PRIOR AUTHORIZATION FORM
***	· · · · · · · · · · · · · · · · · · ·	ELIGIBILITY SUPERVISOR	API	PROVED	TO CLIENT ON DISAPPROVED
Review	ed:		THE PROPERTY OF THE PROPERTY O		
Date:					

COMPUTATION OF SPECIAL CIRCUMSTANCES ALLOWANCE - PROPERTY TAX (EAS 46-425)

IISE EOB COMBILTATIONS IE NECESSABY:						
6. Semi annual allowance special circumstances property tax						
5. Adjustments (for prior period allowances)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4. Semi-annual needs amount (C3 ÷ 2).						
3. Balance - Yearly special circumstances property tax needs.				-		
S. Deduct \$180.00	. \$	180.00	\$ 00.081	\$	00.081	\$ 180.00
1. Amount determined in A2 (total yearly amount of tax bill attributable to applicant)	\$		\$ 	\$		\$
C. Computation Special Circumstances Allowance Semi Annual Basis	A	TNUOMA	ТИООМА		TNUOMA	TMUOMA
5. Net monthly special circumstances allowance.	\$		\$	\$		\$
• • • • • • • • • • • • • • • • • • •						 <u> </u>
3. Balance — Monthly special circumstances needs						
2, Deduct \$15.00 (1/12th of \$180.00),	\$	15.00	\$ 15.00	\$	15.00	\$ 15.00
· · · · · (!lid xst to dt2t\t) &A ni benimieteb fnuomA .t	\$		\$	\$		\$
B. Computation Special Circumstances Allowance Monthly Basis	A	TNUOMA	TNUOMA		THIOMA	TNUOMA
3. 1/12th of tax bill amount attributable to applicant	\$		\$	\$		\$
Amount of tax bill attributable to applicant						· · · · · · · · · · · · · · · · · · ·
f. Total amount of tax bill (verify from tax bill)	\$		\$	\$		\$
A. Determination of Tax Liability	∀	TNUOMA	TNUOMA		ТИООМА	 TNUOMA

USE FOR COMPUTATIONS IF NECESSARY:

Úsťe:			
Reviewed:			
	ELIGIBILITY SUPERVISOR	VBBBOAED	DISAPPROVED
3TAC	EFIGIB IFILA MORKER NAME	тегерноие	NOTIFIED CLIENT ON

VERIFICATION OF NEED FOR A SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME				COUNTY USE ONLY
			Hadristoners	COUNTY USE UNITY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBE	R BIRTHDATE	MH222-20100MM	
ADDRESS (NUMBER, STREE	T, APARTMENT NO., CITY, ZIP)		телерн	ONE NUMBER
CURRENT SSP STA	TUS: Eligible this month	D-Yes □ No		4
VERIFICATION OF	NEED:			
1. Need determ	ined to be:			
Manager Add				

0 0				
2. Supporting d	ocumentation:			
			WWW.	
#1978************************************		440		
3. Gross amoun	T OT needs ITEM			AMOUNT
***************************************				Period State
				4400 (1990 1990 1990 1990 1990 1990 1990 1
				THE RESERVE OF THE PROPERTY OF
Less availab	le liquid assets:	Total gr	oss amount of needs:	\$
	,			
R*************************************				•
				, \$ (
				SECONOTION TO THE PROPERTY OF
Balance of ne	eds	* * * * * * * * * * *		S -
	n amount of \$eft			THE RESERVE THE PROPERTY OF TH
□ Disapprove	ed. Basis:			
•				
A different control of the control o			, , , , , , , , , , , , , , , , , , ,	
T E	ELIGIBILITY WORKER NAME	TEL	EPHONE	NOTIFIED CLIENT ON
			in de la companya de	PRIOR AUTHORIZATION FORM TO CLIENT ON
evi ewed:	ELIGIBILITY SUPERVISOR	APP	ROVED	DISAPPROVED
ate:			Desirence	

COMPUTATION OF SPECIAL CIRCUMSTANCES ALLOWANCE - PROPERTY TAX (EAS 46-425)

∃s∩	E FOR COMPUTATIONS IF NECESSARY:								
	6. Semi annual allowance special circumstances property tax								
	5. Adjustments (for prior period allowances)			\dashv		1			
	. Semi-annual needs amount (C3 ÷ 2). · · · · · · · · · · · · · · · · · · ·			+					
	3. Balance - Yearly special circumstances property tax needs.			1					
	S. Deduct \$180.00	\$	180.00	\$	180.00	\$	00.08t	\$	00.081
	1. Amount determined in A2 (total yearly amount of	\$		\$		\$		\$	
·.၁	Computation Special Circumstances Allowance Semi Annual Basis	,	ТИПОМА		TNUOMA		TMUOMA		TNUOMA
	5. Net monthly special circumstances allowance.	\$		==		\$		\$	
		·						Ψ	
	4. Adjustments (for prior period allowances).								
	3. Balance — Monthly special circumstances needs (Not to exceed \$41.67)		1.11						
	S. Deduct \$15.00 (1/12th of \$180.00), , , , , ,	\$	15.00	\$	00.21	\$	15.00	\$	18.00
	(Ilid xst to d12t\t) &A ni benimateb fruomA .t	\$		\$		\$	p.	\$	
	Monthly Basis	7	ТИООМА		TNUOMA		TNUOMA	enencemany.	TNUOMA
-8	Computation Special Circumstances Allowance		2111.0117		ZMIONI				7.14110144
	specified to applicant attributable to applicant	\$		\$		\$		\$	
	2. Amount of tax bill attributable to applicant	-	-						\
	(Ilid xat mort ytitev) Ilid xat to muoma latoT .t	\$		\$		\$, , , , , , , , , , , , , , , , , , ,	\$	······································
, A	Determination of Tax Liability		TNUOMA		ТИООМА		TNUOMA		TNUOMA

			Ú,aţe:
			:Беwiewed
DISAPPROVED	APPROVED	ELIGIBILITY SUPERVISOR	
NOTIFIED CLIENT ON	TELEPHONE	EFIGIBIFILLA MOBKEB NAME	DATE

PRIOR APPROVAL AUTHORIZATION TO OBTAIN SERVICES UNDER SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

MALAE			COUNTY USE ONLY
NAME			COUNTI USE UNET
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
		-	
ADDRESS (NUMBER, STREET, APARTME	ENT NO., CITY, ZIP)		TELEPHONE NUMBER
You are hereby authorized to	purchase, obtain, or contract for the	ne following special ci	cumstance allowance items:
·		- ,	
Person			
			•
The total east is estimated t	to be · · · · · · · · · · · · · · · · · ·		\$
The total cost is estimated to	to be		
You will need to use the foll	owing resources to partially offset	these costs:	
	٠		
	111111111111111111111111111111111111111	·	
m +			Α.
Balance of costs to be allow	red as special circumstances		
	•		
Whom was hour care-lated	those moods IMMEDIATELY	reina thio outharimati	an farma in maile av sviile all af lie street s
	etc., to this office, so that payr		on form, together with all of the Vendor's
	, to mat pay		
ELIGIBILITY WORKER			TELEPHONE

PRIOR APPROVAL AUTHORIZATION TO OBTAIN SERVICES UNDER SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
			,
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTM	ENT NO., CITY, ZIP)	•	TELEPHONE NUMBER
You are hereby authorized to	o purchase, obtain, or contract for th	e following special circu	ımstance allowance items
wanter	,, or contract for th	The second contraction of the second contrac	
WA			
		The second section of the second seco	
 _			
			✓
The total cost is estimated	to be · · · · · · · · · · · · · · · · · ·		. , , , , , , , , , , \$
You will need to use the following	lowing resources to partially offset t	hese costs:	
The second second control of the second seco	g to partially officers		
***************************************	0		
		and the state of t	
			THE RESERVE THE PROPERTY OF TH
Balance of costs to be allow	ved as special circumstances		
÷			
When you have completed involces hills contracts	these needs, IMMEDIATELY be etc., to this office, so that paym	ring this authorization	form, together with all of the Vendor's
ELIGIBILITY WORKER	, to this online, so that payli	our be made to yo	
ELIGIDIEH I WURKER			TELEPHONE